

(Office Letterhead)

Date

Occupational Health Programs
Chief Administrative Office
3333 Wilshire Blvd., Suite 1000
Los Angeles, CA 90010
(Phone: 213-738-2187 Fax: 213-351-2744)

To Whom It May Concern:

NOTICE TO OHP OF REASONABLE SUSPICION DRUG/ALCOHOL TESTING

The (Name of Department) is ordering the employee named below to undergo drug/alcohol testing due to the Department's reasonable suspicion that the employee is under the influence of drugs/alcohol while on duty or reporting for duty. The Department's observations suggest that the employee's capacity to perform his/her duties competently and safely is impaired.

Employee Information:

Name: _____, _____
Last First M.I.

Position: _____

Work Location: _____

SS#: _____ Date of Testing: _____

Contracted Collection Clinic: _____

Should you require additional information, please contact the following staff person:

_____ at () _____
Printed Name Phone

Sincerely,

Signature